

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Page 1 of 4

Incident Information

URN:	403-03362-0868-733	Date:	May 25, 2003	Time:	0020
Location:	800 Newburgh Avenue				
City or Station:	Azusa				
Bureau/Station/Facility:	FORIII/SAN DIMAS		Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

Employee Witnesses

Emp. #	[REDACTED]	Last Name	RICH	First Name	ALAN	Middle Name	
Emp. #	[REDACTED]	Last Name	DELOA	First Name	ROLANDO	Middle Name	
Emp. #	[REDACTED]	Last Name		First Name		Middle Name	

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

On Duty Supervisor

Emp. #	[REDACTED]	Last Name	SMITH	First Name	KIRK	Middle Name	Rank	Present	Witness to Incident
							Sgt.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. #		Last Name		First Name		Middle Name	Rank	Present	Witness to Incident
								YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. #	[REDACTED]	Last Name	First Name	Middle Name
--------	------------	-----------	------------	-------------

Watch Commander

Emp. #	[REDACTED]	Last Name	Campbell	First Name	Anthony	Middle Name
--------	------------	-----------	----------	------------	---------	-------------

Watch Commander's Signature: _____

Emp #: _____

Copy Provided to Employee by: _____ Henry J. Reyes

Emp #: [REDACTED]

Supervisor Completing Form: _____ Henry J. Reyes
(Print)

Emp #: [REDACTED]

Emp #: _____ Date Signed: _____

Unit Commanders Signature: _____

PSTD Use Only
FO# 2098.545

Original: Unit Commander
Copy: P.S.T.D. Headquarters, Employee

See Reverse

Superior's Report on Use of Force

403-03362-0868-733

Page 2 of 4

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD)	Abdomen	(FA)	Face	(HI)	Hip
(AK)	Ankle	(FE)	Feet	(IN)	Internal
(AR)	Arm	(FI)	Fingers	(KN)	Knees
(BK)	Back	(GE)	Genitals	(LE)	Leg
(BT)	Buttocks	(GR)	Groin	(NK)	Neck
(CH)	Chest	(HD)	Hands	(NO)	Nose
(EL)	Elbow	(HE)	Head	(SH)	Shoulder
				(WR)	Wrist

FORCE APPLIED

(Only One Code Per Block)

[illegible]

Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

URN: 403-03362-0868-733

Page 3 of 4

Involved Employee

E1	Employee #	Last Name DELOA	First Name ROLANDO	Middle Name
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: SAN DIMAS	Work Assignment (Unit #, Module, etc.): 87A
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: 44	Height: 6'00" Weight: 195
	Medical Exam/Treatment <input checked="" type="checkbox"/> If Admitted, Name of Hospital: San Dimas		Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E2	Employee #	Last Name RICH	First Name ALLEN	Middle Name
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: SAN DIMAS	Work Assignment (Unit #, Module, etc.): 87A
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: 37	Height: 5'11" Weight: 195
	Medical Exam/Treatment <input checked="" type="checkbox"/> If Admitted, Name of Hospital: San Dimas		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

Supervisor's Report on Use of Force

SUSPECT INFORMATION

URN: 403-03362-0868-733

Page 4 of 4

Suspect Information

S1	Last Name	ALVAREZ	First Name	JOHN	Middle Name	EDWARD
	AKA Last Name		First Name		Middle Name	
	Sex:	Race:	Street Address:		City:	State & Zip Code:
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	H				
	Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight: Armed?
	NONE	NONE	40	511	10-30-62	240 <input type="checkbox"/>
	Booking #: 7706-426		Primary Charge: 10851 VC		Secondary Charge: 148(a) PC Criminal History <input checked="" type="checkbox"/>	
	Hospital Admission? <input checked="" type="checkbox"/>		Rec'd Treatment At: San Dimas Hospital/L.C.M.C.		Coroner Case#: Mental History <input type="checkbox"/>	
	Under Influence:				Photos of Suspect's Injuries	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Substance:				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Suspect Interview

Date:	Time:	Audiotape:	Videotape:
5-25-03	0230	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Suspect Information

S	Last Name	First Name	Middle Name
	AKA Last Name	First Name	Middle Name
	Sex:	Race:	Street Address:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Work Phone:	Home Phone:	Age: Height: D.O.B. Weight: Armed?
			<input type="checkbox"/>
	Booking #: Primary Charge:		Secondary Charge: Criminal History <input type="checkbox"/>
	Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At: Coroner Case#: Mental History <input type="checkbox"/>
	Under Influence:		Photos of Suspect's Injuries
	<input type="checkbox"/> YES <input type="checkbox"/> NO Substance:		<input type="checkbox"/> YES <input type="checkbox"/> NO

Suspect Interview

Date:	Time:	Audiotape:	Videotape:
		<input type="checkbox"/>	<input type="checkbox"/>

Suspect Information

S	Last Name	First Name	Middle Name
	AKA Last Name	First Name	Middle Name
	Sex:	Race:	Street Address:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Work Phone:	Home Phone:	Age: Height: D.O.B. Weight: Armed?
			<input type="checkbox"/>
	Booking #: Primary Charge:		Secondary Charge: Criminal History <input type="checkbox"/>
	Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At: Coroner Case#: Mental History <input type="checkbox"/>
	Under Influence:		Photos of Suspect's Injuries
	<input type="checkbox"/> YES <input type="checkbox"/> NO Substance:		<input type="checkbox"/> YES <input type="checkbox"/> NO

Suspect Interview

Date:	Time:	Audiotape:	Videotape:
		<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATIVE SUMMARY

USE OF FORCE

403-03362-0868-733

FO2088545

On Sunday, May 25, 2003, Sergeant Henry Reyes of the Internal Affairs Bureau, responded to the San Dimas Station regarding a Significant Use of Force Incident, broken rib. I learned that Suspect Alvarez had been transferred to U.S.C./Los Angeles County Medical Center for follow up treatment. When I arrived at the medical center the suspect was undergoing a medical procedure to inflate his collapsed lung. The following summary is based on verbal and written statements from the involved personnel and from the suspect.

INVOLVED PERSONNEL

Deputy Allen Rich [REDACTED]

FORIII, San Dimas Station

06-01-91/ present, Bonus Deputy

[REDACTED]

Deputy Rolando Deloa [REDACTED]

FORIII, San Dimas Station

06-01-92 / present, Deputy

[REDACTED]

INVOLVED SUSPECT:

John Edward Alvarez, MH, D.O.B. 10-30-62, Bkg#7706-426

At the time of the incident, Suspect Alvarez was driving a reported stolen vehicle. [REDACTED]

[REDACTED]

IAB Note: To review a copy of Suspect Alvarez' criminal history, refer to, Exhibit A.

INVOLVED EMPLOYEE'S STATEMENTS:

Deputy Allen Rich said he was on routine patrol, in a marked black and white patrol vehicle, with his partner Deputy Deloa. Deputy Rich saw the suspect driving a vehicle with no license plates westbound on Woodcroft Avenue. Rich said he made a u-turn, to follow the suspect's vehicle and effect a traffic stop. As he began his u-turn, he saw the suspect's vehicle accelerate and turn south onto Donna Beth Avenue. When he reached Donna Beth, he saw the suspect vehicle turn west into an alley, behind some apartments, located in the 800 block of Newburgh Street. As he turned into the alley, he saw the suspect's vehicle crash into a metal barrier (designed to prevent thru traffic in the alley). He pulled his vehicle in behind the suspect's vehicle. He saw the suspect exit the vehicle, and he saw the suspect trip, as the suspect jumped over the barrier.

INVOLVED EMPLOYEE'S STATEMENTS:

Deputy Rich saw the suspect fall to the ground and he saw Deloa (who was a few feet behind the suspect) fall on top of the suspect. He ran over to the suspect and placed his left knee in the suspect's lower back, at the suspect's his belt line. Rich said he did not drop his weight on the suspect's back but merely pinned the suspect to the ground with his knee. He ordered the suspect not to move and he took hold of the suspect's right arm, while Deputy Deloa simultaneously grabbed the suspect's left arm. They pulled the suspect's arms behind his back and handcuffed him without further incident. Both he and Deloa helped the suspect to his feet by placing the suspect on his side and lifting him up. Rich said they (he and Deloa) did not drag the suspect to his feet. He said the suspect immediately complained that he (suspect) was having trouble breathing. He called for paramedics who examined the suspect at the scene. The suspect was then transported via an ambulance to San Dimas Hospital for further treatment. The suspect was subsequently transported by ambulance to L.C.M.C. and was treated for a broken rib. He said he notified Sergeant Smith and Sergeant Campbell (watch commander) of the force used and circumstances of the arrest. He added that the vehicle the suspect was driving was a reported stolen vehicle from Industry Station's patrol area.

IAB Note: Deputy Allen Rich injured his back while helping the suspect to his feet. The injury is documented in an injury report under file number 403-03376-0868-502.

Deputy Rolando Deloa said he was on routine patrol in a marked Sheriff's vehicle with his partner Deputy Rich. Deloa said they followed the suspect's vehicle in order to make a traffic stop. Deloa said he saw the suspect crash his vehicle, into a barrier in the alley west of Donna Beth Avenue. The suspect exited his vehicle and fell face down onto the ground when he (suspect) jumped over the barrier. Deloa said the suspect landed face down on the ground. Deloa said he was a few feet behind the suspect and purposely fell on top of the suspect with his full body weight. He explained that he fell on the suspect to keep the suspect from coming off the ground and fleeing. Deloa said that had he not fallen on the suspect, he would have tripped over the suspect. Deloa said he fractured his right thumb when he fell on top of the suspect. Deloa explained that he actually slid off the suspect and then repositioned himself by placing his hands on the suspect's back as Rich placed his knee on the suspect's lower back. Deloa said that he and Rich placed the suspect on his side and lifted the suspect to his feet. Deloa denied dragging the suspect on the ground. Deloa added that he believed the suspect might have sustained the abrasions to his face when he (suspect) fell onto the asphalt pavement face down or when he (Deloa) fell on top of the suspect.

IAB Note: Deputy Rolando Deloa's injury is documented in an injury report under file number 403-03376-0868-502.

INVOLVED SUSPECT'S STATEMENT:

Suspect John Alvarez was interviewed by Sergeant Kirk Smith in the emergency room of San Dimas Community Hospital. The interview was video taped by Sergeant Smith. Suspect Alvarez said he fell to the ground and a deputy (Deloa) fell on top of him. He said another deputy (Rich) came over and intentionally kneed him in the right side of his back. He said he did not resist and complied as the deputies handcuffed him. He said the deputies dragged him to his feet which caused the abrasions to the right side of his head, face and body.

IAB Note: I contacted Suspect Alvarez at L.C.M.C. for additional details regarding his statement to Sergeant Smith. Suspect Alvarez refused to talk to me or make any statement without his lawyer. The suspect also refused to sign a release for medical information.

INJURIES:

Suspect Alvarez sustained a collapsed right lung and fractured eighth right rib. The suspect also sustained abrasions to the right side of his head, face, right knee and right thigh. The suspect complained of pain to his back. San Dimas Emergency Room Physician, Dr. Paul Geiam, examined Suspect Alvarez. Sergeant Smith interviewed Dr. Geiam and documented the interview on video tape. Dr. Geiam said that Alvarez' broken rib was a result of blunt force trauma. Dr. Geiam explained that the injury could have been caused by someone falling on top of Alvarez. Dr. Geiam said that a knee placed on Alvarez' back could have also caused the injury. Dr. Geiam added that the abrasions on Alvarez' face, head and right side were consistent with being dragged on the pavement, as Alvarez reported.

IAB Note: To review photographs of Suspect Alvarez' injuries refer to, Exhibit B.

Deputy Allen Rich sustained a strained back from helping the suspect to his feet.
Deputy Rolando Deloa sustained a fractured right thumb when he fell on top of the suspect.

PHYSICAL EVIDENCE:

None.

INVESTIGATOR OBSERVATIONS:

The location where the incident occurred is an alley way, approximately 20 feet wide asphalt-covered. The alley is divided in half by a concrete and metal barrier. The purpose of the barrier is to prevent thru traffic in the alley. The suspect's vehicle came to rest against a metal and concrete pillar. Examination of the suspect's vehicle revealed only minor damage to the driver's side front end. The suspect's vehicle was equipped with automatic seat belt restraints which were operable.

IAB Note: To review photographs of the damage to the suspect's vehicle refer to, Exhibit C.

WEAPONS USED BY DEPUTY PERSONNEL:

There were no weapons used by either Deputy Delia or Deputy Rich.

WEAPONS USED BY SUSPECTS:

None

PROPERTY DAMAGE:

I observed only minor damage to the driver's side of the suspect's stolen vehicle. I did not see any damage to the barrier in the alley.

CRIMINAL INVESTIGATOR:

Detective Kevin Fulks, assigned to San Dimas Station, has obtained one felony count filing for 10851V.C. and one misdemeanor count filing for 148(a)P.C. against Suspect Alvarez.

LIGHTING OR WEATHER CONDITIONS:

Clear and cool night. The alley is well lit by lights both in the alley and along the outside walls of the adjoining apartments and garages.

IAB Note: To review copies of the incident and supplemental reports submitted by involved personnel refer to, Exhibit D.

IAB Note: A review of the radio traffic on Dispatch 6 and L-TAC, just prior to and after the incident, reveals no indication that the deputies ever went in pursuit of the suspect's vehicle.